

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

000 232

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1 Contact E-mail: Karey.claghorn@iowaagriculture.gov

Name of Person Attending: Karey Claghorn Working Title: Deputy Secretary

Department: Iowa Department of Agriculture & Land Stewardship Division/Bureau/Section: Administrative

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Washington, DC Dates of Travel: 5-3-11 / 5-5-11
(If after June 30, 2011 - you DO NOT need this waiver.)

Funding Source: ☐ Appropriated State: 551- ☐ Federal: 461- ☐ Other: 53% If Other, Specify: Education Commission of the States
(If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): 1,544.02

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date: _____

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties. (Cite the specific statute.) _____

☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) _____

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

Requested by Governor's office to attend the National Summit on the Role of Education in Economic Development in Rural American Conference

The conference deals with challenges facing the rural economy and the role of education in addressing these issues.

Department Director Signature: Bill Northey Date: 4/26/11

Department Director Printed Name: BILL Northey

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED
Executive Council
MAY 02 2011

EXECUTIVE COUNCIL

Out-Of-State Travel Waiver Justification

000 293

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1 Contact E-mail: Tiffany.bickell@blind.state.ia.us
Name of Person Attending: Laurie Merryman Working Title: Technology Analyst
Department: Blind Division/Bureau/Section: Field Operations/Technology
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ Reason for Travel: SQL Server Training
(If No – you **DO NOT** need this waiver.)
City (Cities) Traveling To: Kansas City Dates of Travel: 5/15/2011 – 05/17/2011
(If after June 30, 2011 – you **DO NOT** need this waiver.)
Funding Source: ☒ Appropriated State: 4% ☒ Federal: 96% ☐ Other: % If Other, Specify:
(If the coding for the travel claim is appropriation 0000 - you **DO NOT** need this waiver.)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$2,650

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☒ Yes: ☐ If Yes, Date:

Reason for Travel Waiver (Select one)

- ☐ Fulfills statutorily required duties. (Cite the specific statute.)
- ☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)
- ☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

This training will give her knowledge of current software that has changed since she first started using it, and it will enable her to learn about new features which will increase her abilities to use this software in case management, data processing, and reporting. This will save the state money since she will be able to run the necessary reports and data that are needed and the department will not have to go to an outside source.

Department Director Signature: Karen Keninger Date: 04/27/2011

Department Director Printed Name: Karen Keninger

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

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Executive Council Approval

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MAY 02 2011

EXECUTIVE COUNCIL
Out-Of-State Travel Waiver Justification

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This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.
If more than one employee is traveling, a separate form must be completed for each person.
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1

Name of Person Attending: Mary Cownie Working Title: Director

Department: Dept. of Cultural Affairs Division/Bureau/Section: _____

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Washington, DC Dates of Travel: May 11-13, 2011

Funding Source: ☒ Appropriated State: % ☐ Federal: % ☐ Other: % If Other, Specify: _____
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1595 (Flight/Registration)

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒ x

If Yes, Have You Received Approval? No: ☒ x Yes: ☐ If Yes, Date: _____

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties (Cite the specific statute) _____

x ☐

Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

During this visit to Washington, DC, I will be meeting with our federal partners, specifically those who match our state funding (NEA and NPS). Additionally, this is a good opportunity to meet and discuss the department with the Iowa CODEL. This would be beneficial for our Iowa Arts Council and our State Historic Preservation Office in the case of maintaining or increasing our federal funding. Moreover, the State Historical Society of Iowa is able to raise private funds and this will be an excellent opportunity to raise awareness and promote what our department does to key partners and relationships from the Greater DM area.

Department Director Signature

Date:

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

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Please answer all of the questions listed below.

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

Funding Source: ☐ Appropriated State: ____% ☐ Federal: % ☒ Other: 100% If Other, Specify: Air Contaminant Fee Fund-7230
(If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1129

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: _____

Reason for Travel Waiver (Select one)

- ☐ Fulfills statutorily required duties. (Cite the specific statute.) _____
- ☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) _____
- ☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.) _____

The state will need to assess impacts from the construction of new air emissions sources on more stringent federal air quality standards. Failure to adequately implement the more stringent air quality standards could result in the loss of key portions of Iowa's delegation of the Clean Air Act which would slow the issuance of air construction permits and could adversely impact economic development in Iowa.

Stakeholders have expressed great concern related to the modeling requirements associated with implementation of the revised air quality standards. This workshop allow Iowa to coordinate with EPA and other states in an effort to affect reasonable and predictable implementation of these standards.

Department Director Signature:

Date:

Department Director Printed Name:

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Executive Council Approval

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MAY 02 2011

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Please answer all of the questions listed below.

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

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Please answer all of the questions listed below.

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

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Please answer all of the questions listed below.

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EXECUTIVE COUNCIL
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See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1 Contact Email: barbara.smith@dot.iowa.gov
Name of Person Attending: James R. Schnoebelen Working Title: District 6 Engineer
Department: Transportation Division/Bureau/Section: Highway/District 6
Will this trip require overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)
City(Cities) Travelling To: Rockford, IL Dates of Travel: May 8-9, 2011
(If after June 30, 2011 – you **DO NOT** need this waiver.)
Funding Source: ☒ Appropriated State: 100 % ☐ Federal: % ☐ Other: % If Other, Specify:
(If the coding for the travel claim is appropriation 0000 - you **DO NOT** need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$231.58

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒

If Yes, Have you Received Approval? No: ☒ Yes: ☐ If Yes, Date:

Reason for Travel Waiver (Select One)

- ☒ Fulfills statutorily required duties (Cite the specific statute.) Chapter 307
- ☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)
- ☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

Department Director Signature: *Nancy J. Richardson* Date: 04-26-2011

Department Director Printed Name: Nancy J. Richardson

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

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Please answer all of the questions listed below.

Number of People on Trip: 1

Name of Person Attending: George A. Carroll Working Title: Assistant Attorney General

Department: Attorney General's Office Division/Bureau/Section: Regents Division

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: St. Louis, Missouri Dates of Travel: 3/16 - 3/18/2011

Funding Source: ☒ Appropriated State: 100% ☐ Federal: % ☐ Other: % If Other, Specify:
(If the appropriated state funds is 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$800.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date:

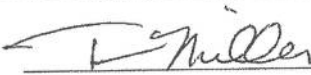
Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties (Cite the specific statute)

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Oral Argument before 8th Circuit Court of Appeals Case 10-2908, Suzanne Clark v. Iowa State University, et al.

Department Director Signature  Date: 4/22/11

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.
See Fact Sheet for more complete information.

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Executive Council Approval

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MAY 02 2011

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Please answer all of the questions listed below.

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Please answer all of the questions listed below.

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Please answer all of the questions listed below.

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Please answer all of the questions listed below.

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This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

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Please answer all of the questions listed below.

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EXECUTIVE COUNCIL

Out-Of-State Travel Waiver Justification

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Please answer all of the questions listed below.

Number of People on Trip: 11 **Contact E-mail:** Rob.bernsten@iub.iowa.gov

Name of Person Attending: Rob Bernsten ^B Working Title: Board Member (as of 5/1/11)

Department: Commerce Division/Bureau/Section: Iowa Utilities Board

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ Reason for Travel: 2011 Mid Am Regulatory Commissioners Conf
(If No – you DO NOT need this waiver.)

City (Cities) Traveling To: Rapid City, South Dakota Dates of Travel: June 4-8, 2011
(If after June 30, 2011 – you **DO NOT** need this waiver.)

Funding Source: ☐ Appropriated State: ____% ☐ Federal: ____% ☐ Other: 100% If Other, Specify: Commerce Revolving Fund/ MARC Stipend
(If the coding for the travel claim is appropriation 0000 - you **DO NOT** need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1,098

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: _____

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties. (Cite the specific statute.) _____

☒ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) bringing revenue to Iowa and providing low-cost local training opportunities for IUB staff and Iowa utility employees.

☐ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

Department Director Signature: 1232 Date: 4-27-11

Department Director Printed Name: Robert B. Berntsen

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form.

See Fact Sheet for more complete information.

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Executive Council Approval

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Executive Council

MAY 02 2011

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Please answer all of the questions listed below.

Out-of State Travel Waiver Request

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Please answer all of the questions listed below.

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Please answer all of the questions listed below.

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

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MAY 02 2011

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Please answer all of the questions listed below.

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Please answer all of the questions listed below.

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Please answer all of the questions listed below.

\$385.80 (Transportation); \$260 (Lodging); \$102 (Meals); \$395 (Registration); \$30 (Parking) = TOTAL \$1,172.80

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

~~Date: 4/22/2011~~

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

MAY 02 2011



000 319

STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

DEPARTMENT OF NATURAL RESOURCES
ROGER L. LANDE, DIRECTOR

April 22, 2011

APPROVED
Executive Council

MAY 02 2011

Executive Council
State Capitol
LOCAL

Re: Request for an Out-of-State Travel Waiver by Category

Dear Council Members:

This request is for an out-of-state travel waiver by category for the Department of Natural Resources Law Enforcement Bureau Officers. As part of their normal job duties under Iowa Codes 481A, 482A, 483A, 456A.37, 321I, 321J, these individuals travel out of state in overnight status to investigate illegal activities, finalize investigations, or participate in multi-state collaborations.

Examples of situations that initiate out-of-state travel are:

- Assist with or complete an investigation
- Conformance with an Memorandum of Understanding (MOU) with a partnering state
- Investigate:
 - illicit operations (illegal services related to trapping, hunting, and fishing)
 - illegal commercial harvesting of wildlife, fish, plants/ginseng
 - illegal harvest of turtles and transportation of turtle eggs
 - poaching reports
 - aquatic invasive species reports

Of the 78 eligible officers statewide, we anticipate, at most, 10 to require out-of-state overnight travel through June 30, 2011.

Sincerely,

Roger L. Lande
Director